

Bright Education are committed to providing you with the best possible service and to improving our services. You can use this form at any time to lodge a formal complaint or appeal including an appeal against our assessment decisions. However, if you have a complaint or wish to appeal any decisions, we urge you to first try to informally discuss the issue with the person concerned, your trainer or the RTO Manager.

DEFINITIONS:

Complaint: an action taken by a participant or rectification of an issue in response to their dissatisfaction / disapproval with any aspect of the operation of Bright education. Options, other than the result of an assessment. The issues, of which a participant/trainee may lodge a complaint/grievance include, but is not limited to:

- a policy or procedure, fees, teaching/delivery styles etc.

Appeal: an action by a participant to request a re-evaluation of an assessment resulting from dissatisfaction or disagreement with a result awarded.

| 1. Personal Details | | | |
|---|------------------------------------|---------------------------------|--|
| Surname: | | Given Names: | |
| Address: | | | |
| Suburb: | State: | Post Code: | |
| Tel (Work): | Mobile: | | |
| Email: | | | |
| D.O.B: | | | |
| 2. Nature of Complaint or Appeal | | | |
| I wish to lodge a | <input type="checkbox"/> Compliant | <input type="checkbox"/> Appeal | |
| Qualification and/or Units of Competency | List: | | |
| Please describe the details of the complaint or appeal (you may attach supporting documentation if required) | | | |
| | | | |
| Have you taken any steps to resolve this issue? If yes, please provide details. | | | |
| | | | |



What outcome would you like to see from raising this complaint / appeal?

| | |
|---------------------------|--------------|
| Student Signature: | Date: |
|---------------------------|--------------|

| OFFICE USE ONLY | | |
|--|---|--------------|
| Wanted Resolution or Outcome | | |
| <input type="checkbox"/> Refund or Credit Note | <input type="checkbox"/> Meeting with RTO / General Manager | |
| <input type="checkbox"/> Appeal passed (assessment re-marked) | <input type="checkbox"/> Other (please specify): | |
| Appropriate Action Applied | | |
| <input type="checkbox"/> Participant informed of outcome (letter attached) | Initial: | Date: |
| <input type="checkbox"/> Other, please specify | Initial: | Date: |
| <input type="checkbox"/> Raised at RTO Meeting (Management Meeting) | Initial: | Date: |
| Comments related to Actions Applied: | | |
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| | | |
| | | |
| | | |
| Signature: | | Date: |

